

**APPLICATION FOR CANDIDATES
FOR GREEN MOUNTAIN CARE BOARD**

(Please type responses if possible)

Date of Application: _____

Position Applied for: Member ____ Chair ____ Both ____

GENERAL

1. Name: _____

2. Mailing Address: _____

Business Address: _____

3. Social Security No.: _____

Date of Birth: _____

4. Town of Residence: _____

5. Telephone Nos. Home: _____ Business: _____ Cell: _____

6. Email Address: _____

EDUCATION

7. Secondary schools, colleges and other schools attended:

Dates of attendance: _____

Degree or Credits received: _____

8. Academic honors, if any: _____

9. If you have a medical or other advanced degree, please provide information concerning your areas of practice and specific areas of expertise:

EMPLOYMENT AND EXPERIENCE

10. Please state the names, addresses, dates and positions held for any full time employment since college graduation. Please attach a current resume or Curriculum Vitae to your application.

11. Describe the general nature of your current employment. If your current employment is substantially different than your previous employment, please give details of your prior employment as well.

12. Please describe your experience in each of the following areas:

a. Health care policy and economics:

b. Health care financing:

c. Health care delivery:

d. Health information technology:

e. Health care quality measurement and health care data sets:

- f. Existing health care regulation, including knowledge of the role and functions of the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) or its out of state equivalent:

- g. Executive or management experience, including the supervision of personnel:

h. Experience working in a collaborative manner as part of a work group or management team:

i. Financial management, including the development and monitoring of budgets:

j. Any other related expertise you think relevant:

PROFESSIONAL, CIVIC AND PUBLIC SERVICE

13. If you have served as an appointed or elected official in any local, county, state, or federal government position, please provide details and dates.

14. If you have experience as a member of any administrative, legislative, or regulatory boards, commissions, or study committees, please list them, giving names and dates served, and describe the nature of your service.

15. If you have experience as a member of any private, corporate or non-profit boards, please list them, giving names and dates served, and describe the nature of your service.

16. Please list all professional societies of which you are a member, give the titles and dates and dates of any office which you may have held in such groups, and identify committees in which you were active.

17. List any honors, prizes or awards you have received, including the name of the award, the organization granting it, and the date of the award.

18. Please list all other non-profit, community service, or such other organizations, of which you have been a member during the past ten years, including the titles and dates of any offices which you have held in each such organization.

ACADEMIC EXPERIENCE

19. State whether you have any teaching experience, and if so, describe that experience.

20. State whether you have conducted any presentations or seminars related to health care, and if so, describe the presentation, including any group sponsoring the presentation or seminar.

21. Identify any books or articles you have published related to health care, giving titles, citations, and dates.

BUSINESS INVOLVEMENT

22. If you are now an officer, director, or otherwise engaged in the management of any business enterprise, state the name of such enterprise and describe the nature of the business and your duties.

CONFLICTS

23. Do you have any plans, commitments, or agreements to pursue outside employment or engagements, with or without compensation, during your service on the Board? If so, please explain.

24. Do you or any family member have any personal or business relationship(s) which might present conflicts of interest in the position you are seeking? If so, please explain.

25. Explain how you will resolve any potential conflict of interest, including the procedure you will follow in determining these areas of concern.

MISCELLANEOUS

26. Have you ever been arrested, charged, or convicted by federal, state or other law enforcement authorities for a violation of any federal law, state law, or county or municipal law, regulation or ordinance? If so, please give details. Do not include traffic violations unless it also included a jail sentence.

27. Have you ever been sued? If so, please provide details about the case and its disposition.

28. Have you or your professional liability insurance carrier ever settled a claim against you for professional malpractice? If so, please give particulars, including the amounts paid.

29. Have you ever been disciplined for a breach of ethics or unprofessional conduct? If so, please provide details.

30. Were all your taxes (federal, state and local) current (*i.e.*, filed and paid) as of the date of this application?

31. Has a tax lien or other collection procedure (including receipt of balance due notices) been instituted against you by any federal, state, or local tax authority in the last seven years? If so, please explain and describe the outcome.

32. Have you been the subject of an audit, investigation, or inquiry for federal, state or local taxes in the last seven years? If so, give full details.

33. Have you ever declared bankruptcy? If so, give details.

35. Please explain in 600 words or less why you want to be appointed to the Green Mountain Care Board and how do you feel you can contribute to the Board?

36. Please describe in 600 words or less how would you propose to ensure that the Green Mountain Care Board establishes public confidence and is both transparent and accountable?

AFFIDAVIT

I, _____, deposes and says that all of the information I have provided in this Application is true.

___ Check here to indicate you agree to the terms of the above affidavit.

WAIVER

I hereby waive my right to privacy as it relates to the Green Mountain Nominating Board of any relevant information, including the right of the Board to freely communicate with any person about me, unless otherwise indicated, with the understanding that any information will be held in confidence by the Board. I hereby authorize the custodian of any records or information to permit the examination or receipt of such information, whether written or oral, by the Green Mountain Nominating Board. I also understand and agree that if I am determined to be qualified by the Board, this application shall be forwarded to the Governor's office.

Dated: _____

___ Check here to indicate you agree to the terms of the above waiver.